

ATTACHMENTS

Contractor's Name
02-25852

**Attachment 1
Application Cover Page**

Name of Applicant Firm (*Legal name as it will appear on the contract*)

Mailing Address (*Street address, P.O. Box, City, State, Zip Code*)

Person authorized to act as the contact for this firm in matters regarding this application:

Printed Name (*First, Last*):

Title:

Telephone number:

Fax number:

()

()

Person authorized to obligate this firm in matters regarding this application and/or the resulting contract:

Printed Name (*First, Last*):

Title:

Telephone number:

Fax number:

()

()

(CORPORATIONS) Name/Title of person authorized by the Board of Directors to sign this application on behalf of the Board:

Printed Name (*First, Last*):

Title:

Signature of Applicant or Authorized Representative

Date:

Attachment 2
Required Attachment / Certification Checklist

Qualification Requirements. I certify that my firm meets the following requirements:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm possesses at least three consecutive years of experience of the various service types listed in Item 1 of the RFA section entitled, "Qualification Requirements." That experience occurred within the past five years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has read and is willing to comply with the terms, conditions and contract exhibits addressed in the RFA section entitled, "Contract Terms and Conditions".	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Corporations) My firm is in good standing and qualified to conduct business in California. [Check "N/A" if not a Corporation.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Nonprofit Organizations) My firm is qualified to claim nonprofit status. [Check "N/A" if not a nonprofit organization.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has a past record of sound business integrity and a history of being responsive to past contractual obligations. My firm authorizes the State to confirm this claim.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm is financially stable and solvent and has adequate cash reserves to meet all financial obligations while awaiting reimbursement from the State.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has no conflict of interest and has submitted the required certification and documentation necessary to prove this claim.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical Application format and content:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm complied with the Technical Application format requirements and my firm submitted one original Technical Application, five (5) copies and a CD-Rom. My application is assembled in the following order:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Application Cover Page (Attachment 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Applicant Certification (I.3.b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Cover Letter (I.3.c)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Table of Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Executive Summary section (3 pages or less)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Agency Capability section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Work Plan section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Management Plan section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Program Enhancement section	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost section with the following documentation:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 8, Cost Proposal form that is within the maximum contract funding amount and includes all required Tasks in Exhibit A. Form is signed. Corrections, if any, have been initialed. All cost figures have been double-checked for accuracy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 8-A Budget Detail by Year form	<input type="checkbox"/> Yes <input type="checkbox"/> No

Appendix section with the following documentation:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Corporations) Copy of a Certificate of Status issued by California's Office of the Secretary of State or a copy of the firm's active on-line status information from the California Business Portal website. Explain if the required document cannot be attached. [Check "N/A" if not a corporation.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Nonprofit Organizations) An IRS determination letter proving my firm's eligibility to claim nonprofit and/or tax exempt status. [Check "N/A" if you are not claiming nonprofit status.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	An organization chart.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Proof that no prohibited conflicts of interest exist via Attachment 10 with applicable documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Form section with the following attachments / forms:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 2, Required Attachment / Certification Checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 3, Applicant Information Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 4, Applicant Reference Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 5, RFP Clause Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 6, CCC 201 - Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 7, Payee Data Record. [Check "N/A" if you have had a prior contract with DHS.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Firm:		
Printed Name/Title:		
Signature	Date:	

Contractor's Name
02-25852

Attachment 3
Applicant Information Sheet

Our inclusive application is attached. A signature affixed hereon and dated certifies compliance with all application requirements. Our signature authorizes the State to verify the claims made on this certification.

Name of Firm:		CA Corp. No. (If applicable)		Federal ID Number	
Name of Principal (If not an individual):		Title:		Telephone Number	
Street Address / P.O. Box		City		State	
				Zip Code	

Type of Business Organization / Ownership (Check all that apply)

Ownership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Joint venture <input type="checkbox"/> Association	Corporation <input type="checkbox"/> Nonprofit <input type="checkbox"/> For Profit <input type="checkbox"/> Private <input type="checkbox"/> Public	Governmental <input type="checkbox"/> City/County, California State Agency, Federal Agency, State (other than California) <input type="checkbox"/> Other: _____	Other Type of Entity <input type="checkbox"/> Public or Municipal Corporation, School or Water District, California State College, University of California, Joint Powers Agency <input type="checkbox"/> Auxiliary College Foundation <input type="checkbox"/> Other: _____
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Indicate applicable licenses and/or certifications possessed:		<input type="checkbox"/> N/A
Contractor's State Licensing Board No.	PUC License Number CAL-T-	Required Licenses/Certifications (If applicable)

Signature		Date Signed
Printed/Typed Name		Title

Public Records / Information Practices Act Statement

The above information is required for statistical and/or bidding purposes. Completion of this form is mandatory. This information will be made public upon award of the contract and will be supplied to DHS' Contract Management Unit, Dept. of General Services and possibly other public agencies. To access your contract related records, contact the Contract Management Unit, 1800 3rd Street (Room 455), P.O. Box 942732, Sacramento, CA 94234-7432, telephone number (916) 322-6122.

Attachment 4
Applicant Reference Sheet

List 3 clients served in the past 5-years for whom you provided similar services. List the most recent first.

REFERENCE 1

Name of Firm

Street address

City

State

Zip Code

Contact Person

Telephone number
()

Dates of service

Value or cost of service

Brief description of service provided

REFERENCE 2

Name of Firm

Street address

City

State

Zip Code

Contact Person

Telephone number
()

Dates of service

Value or cost of service

Brief description of service provided

REFERENCE 3

Name of Firm

Street address

City

State

Zip Code

Contact Person

Telephone number
()

Dates of service

Value or cost of service

Brief description of service provided

If three references cannot be provided, explain why:

Attachment 5
RFA Clause Certification

I, the official named below, certify under penalty of perjury that I am duly authorized to legally bind the prospective Contractor to the certification clauses located in the RFA section entitled, "Bidding Certification Clauses". This certification is made under the laws of the State of California.

Name of Bidding Firm (Printed)	Federal ID Number
By (<i>Authorized Signature</i>)	
Printed Name and Title of Person Signing	
Date Executed	Executed in the County of:

Attachment 6
CCC 201 – CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

<i>Contractor/Applicant Firm Name (Printed)</i>		<i>Federal ID Number</i>
<i>By (Authorized Signature)</i>		
<i>Printed Name and Title of Person Signing</i>		
<i>Date Executed</i>	<i>Executed in the County of</i>	

CONTRACTOR CERTIFICATION CLAUSES

1. **STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the nondiscrimination program requirements. (GC 12990 (a-f) and CCR, Title 2, Section 8103) (Not applicable to public entities.)

2. **DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

- a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
- b. Establish a Drug-Free Awareness Program to inform employees about:
 - 1) the dangers of drug abuse in the workplace;
 - 2) the person's or organization's policy of maintaining a drug-free workplace;
 - 3) any available counseling, rehabilitation and employee assistance programs; and,
 - 4) penalties that may be imposed upon employees for drug abuse violations.
- c. Every employee who works on the proposed Agreement will:
 - 1) receive a copy of the company's drug-free workplace policy statement; and,
 - 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: (1) the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (GC 8350 et seq.)

3. **NATIONAL LABOR RELATIONS BOARD CERTIFICATION:** Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court which orders Contractor to comply with an order of the National Labor Relations Board. (PCC 10296) (Not applicable to public entities.)

4. **UNION ORGANIZING** Contractor hereby certifies that no request for reimbursement, or payment under this agreement, will seek reimbursement for costs incurred to assist, promote or deter union organizing.

(Required in lieu of IRS W-9 when doing business with the State of California)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">1</div> PLEASE RETURN TO:	DEPARTMENT/OFFICE	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. <i>(See Privacy Statement on Page 2)</i>
	STREET ADDRESS	
	CITY, STATE, ZIP CODE	
	TELEPHONE NUMBER	

2	PAYEE'S BUSINESS NAME
	MAILING ADDRESS <i>(Number and Street or P.O. Box Number)</i>
	<i>(CITY, STATE, and ZIP CODE)</i>

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY		NOTE: State and local governmental entities, including school districts are not required to submit this form.
	<input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (<i>Non-profit</i>) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) <div style="border-bottom: 1px solid black; width: 150px; margin-top: 5px;"></div>	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST	
	<input type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER <div style="border-bottom: 1px solid black; width: 150px; margin-top: 5px;"></div>	OWNER'S FULL NAME <div style="border-bottom: 1px solid black; width: 200px; margin-top: 5px;"></div>	NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.

<div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center; margin: 0 auto;">4</div> <div style="text-align: center; margin-top: 20px;"> PAYEE RESIDENCY STATUS </div>	<div style="text-align: center; margin-bottom: 10px;"> CHECK APPROPRIATE BOX(ES) </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED </div> <div> <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA </div>	<div style="text-align: center; margin-bottom: 10px;"> NOTE: </div> <div style="margin-bottom: 10px;"> a. An estate is a resident if decedent was a California resident at time of death. </div> <div> b. A trust is a resident if at least one trustee is a California resident. (See Page 2) </div>
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CERTIFYING SIGNATURE	5 <i>I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.</i>		
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME <i>(Type or Print)</i>		TITLE
	SIGNATURE	DATE	TELEPHONE NUMBER

ARE YOU A RESIDENT OR A NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the State of California must indicate their residency status along with their taxpayer identification number.

A **corporation** will be considered a "resident" if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For **individuals/sole proprietors**, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a **partnership** is considered a resident partnership if it has a permanent place of business in California. As estate is considered a California estate if the decedent was a California resident at the time of death and a trust is considered a California if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

From within the United States, call	1-800-852-5711
From outside the United States, call	1-916-845-6500
For hearing impaired with TDD, call	1-800-822-6268

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident vendors, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident vendors performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the vendor are \$1500 or less for the calendar year.

A nonresident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address below. A waiver will generally be granted when a payee has a history of filing California returns and making timely estimated payments. If the payee activity is carried outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board
Nonresident Withholding Section
Attention: State Agency Withholding Coordinator
P.O. Box 651 Sacramento, CA 95812-0651
Telephone: (916) 845-4900
FAX: (916) 845-4831

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.

PRIVACY STATEMENT

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109. The TIN for individual and sole proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31% withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in Section 1 on page 1.

Attachment 8
Cost Proposal Form

The undersigned applicant hereby agrees to furnish all labor, transportation, equipment, materials and support services necessary to provide the Deliverables as described in the Scope of Work and Request for Application 02-25852 for the sums indicated below:

Line Items:	Not to exceed % of Total Budget (± 1 %)		Budgeted Amount
1. Task 1 – Develop Fed. Waiver Application	15	\$	From 8-A Line 1
2. Task 2 – Develop & Finalize Provider Reimbursement Methodology and Provider Payment System	15	\$	From 8-A Line 2
3. Task 3 – Design & Plan Pilot Project, Conduct Site & Provider Selection	10	\$	From 8-A Line 3
4. Task 4 – Develop & Present Training & Materials for Pilot Project Providers and Staff	10	\$	From 8-A Line 4
5. Task 5 – Develop & Publish Pilot Project Participant Enrollment Information	10	\$	From 8-A Line 5
6. Task 6 – Implement Pilot Project	20	\$	From 8-A Line 6
7. Task 7 – Design & Implement a Quality Assurance & Improvement Program	10	\$	From 8-A Line 7
8. Task 8 – Contribute to the Pilot Project Evaluation	10	\$	From 8-A Line 8
Grand Total	100%	\$	

The undersigned applicant hereby affirms that the statements/claims made in the Technical Application/Cost Proposal are true and accurate to the best of the applicant's knowledge. By signing this Cost Proposal, the applicant hereby claims his/her willingness to certify to and comply with all requirements contained in this RFA and all RFA attachments/forms. The undersigned recognizes that its Technical Application and Cost Proposal shall become public records upon posting of intent to award and will be open to public inspection.

Name of Firm:			
Street address			
City/State			Zip Code:
Telephone number:	()		
Facsimile number:			
Printed name:			Title:
Signature:			Date:

Contractor's Name
02-25852

Attachment 8-A
Budget Detail by Year

TASK	Contract Year 1 Ending April 30, 2004	Contract Year 2 Ending April 30, 2005	Contract Year 3 Ending April 30, 2006	TOTAL
1- Develop Federal Waiver Application				Move to Line 1, Att 8
2 – Develop & Finalize Provider Reimbursement Methodology and Provider Payment System				Move to Line 2, Att 8
3 – Design & Plan Pilot Project, Conduct Site & Provider Selection				Move to line 3, Att 8
4 – Develop & Present Training & Materials for Pilot Project Providers and Staff				Move to Line 4, Att 8
5 – Develop & Publish Pilot Project Participant Enrollment Information				Move to Line 5, Att 8
6 – Implement Pilot Project				Move to Line 6, Att 8
7 – Design & Implement a Quality Assurance & Improvement Program				Move to Line 7, Att 8
8-Contribute to the Pilot Project Evaluation				Move to Line 8, Att 8
TOTAL				Move to Grand Total, Att 8

Attachment 9
Letter of Intent

Purpose	This is a non-binding Letter of Intent whose purpose is to assist DHS in determining the staffing needs for the application evaluation process and to improve future procurements.
Information requested	DHS is interested in knowing if your firm intends to submit an application or your reasons for not submitting an application.
Action to take	Indicate your intention to submit an application by checking items 1 or 2 below. Follow the instructions below your selection.

1. ☐ My firm intends to submit an application.

- A. Check box number 1 if the above statement reflects your intention.
- B. Complete the bottom portion of this form and return it to DHS as instructed in the RFP section entitled, "Letter of Intent".

2. ☐ My firm does not intend to submit an application for this project.

- A. Check box number 2 if the statement in item 2 reflects your intention.
- B. Indicate your reason(s) for not submitting an application by checking any of the following statements that may apply.

- ☐ My firm lacks sufficient staff expertise or personnel resources to meet the requirements.
- ☐ My firm lacks sufficient experience (i.e., not enough or wrong type).
- ☐ My firm believes the qualification requirements are too restrictive.
- ☐ Not enough time was allowed for application preparation.
- ☐ Too much paperwork is required to prepare an application response.
- ☐ Other commitments and projects have a greater priority.
- ☐ My firm did not learn about the contract opportunity soon enough.
- ☐ My firm does not provide the full range of services that DHS is seeking.
- ☐ My firm is only interested in becoming a subcontractor, consultant or supplier.
- ☐ Other reason: _____
- _____
- _____

- C. Complete the bottom portion of this form and return it to DHS as instructed in the RFA section entitled, "Letter of Intent".
- D. The DHS will continue to provide clarification notices, addenda, proposer questions and answers, or other procurement notices about this RFA **only** to prospective applicants who have provided a Letter of Intent. An applicant who does not submit a Letter of Intent, but intends to submit an application in response to this RFA, must call OMCP at 916-323-7406 to request any addenda or administrative bulletins, or monitor the OMCP website listed in this RFA for such information. Other interested parties may also call OMCP or visit the OMCP website for any addenda or administrative bulletins.

Name of Firm: _____

Printed Name/Title: _____

Signature: _____

Date: _____

Attachment 10
Conflict of Interest Compliance Certificate

- A. The Department of Health Services (DHS) intends to avoid any real or apparent conflicts of interest on the part of the Contractor, subcontractors, or employees, officers and directors of the Contractor or subcontractors. Thus, DHS reserves the right to determine, at its sole discretion, whether any information received from any source indicates the existence of a real or apparent conflict of interest and to require the Contractor to submit a conflict of interest avoidance plan for solving the conflict subject to prior DHS review and approval.
- B. Conflicts of interest include, but are not limited to:
1. An instance where the applicant/Contractor or any of its subcontractors, or any employee, officer, or director of the applicant/Contractor or any subcontractor is currently involved with or connected to a Medi-Cal provider.
 2. An instance where the applicant/Contractor or any of its subcontractors, or any employee, officer, or director of the applicant/Contractor or any subcontractor has an interest, financial or otherwise, whereby the use or disclosure of information obtained while performing services under the contract would allow for private or personal benefit or for any purpose that is contrary to the goals and objectives of the contract.
- C. If DHS is or becomes aware of a known or suspected conflict of interest, the applicant or Contractor will be given an opportunity to submit additional information or to resolve the conflict. An applicant or Contractor with a suspected conflict of interest will have five (5) working days from the date of notification of the conflict by DHS to provide complete information regarding the suspected conflict. If a conflict of interest is determined to exist by DHS and cannot be resolved to the satisfaction of DHS, before or after the award of the contract, the conflict will be grounds for the proposal to be deemed nonresponsive and/or termination of the contract.
- D. The applicant shall place this Certificate in the Appendix section of its response to this RFA. This Certificate shall bear the original signature of an official or employee of the applicant who is authorized to bind the applicant.
- E. This Certificate will be incorporated into the contract, if any, awarded from this RFA. It is understood that this requirement shall be in effect for the entire term of the contract. The Contractor shall obtain a completed Certificate from any proposed subcontractor and submit it to DHS prior to approval of the subcontractor by DHS.
- F. The Contractor and each subcontractor shall notify DHS, Medi-Cal Operations Division at 700 North 10th Street, P.O. Box 942732, Sacramento, CA 94234-7320 within ten working days of any change to the information provided on this Certificate.
- G. DHS' determination of a suspected or potential conflict of interest will be based on all of the applicant's business affiliations and contractual relationships.

If the applicant has a suspected or potential conflict of interest, the applicant shall attach to this form a description of the relationship, a plan for ensuring that such a relationship will not adversely affect DHS, and procedures to guard against the existence of an actual Conflict of Interest.

Contractor's Name
02-25852

The undersigned hereby affirms that: (check one)

- ☐ The statements above have been read and no real or apparent conflict of interest exists.
- ☐ A suspected or potential conflict of interest does exist, and additional information (as described G. above) is attached along with a plan to address the possible conflict of interest.

Signed: _____ **Title:** _____ **Date:** _____

Type or Print Name of Authorized Representative: _____